



Application for Duplicate Pesticide Certificate

DEP USE ONLY

Certification No.: _____

Form No. _____

Date: _____

Print or type unless otherwise noted. Retain a copy for your records.

Part I: Applicant Information

1. Name of Applicant (must be over 18 years of age)		
Name:	Date of Birth:	
Phone:	ext.	Fax:
2. Name of Company or Government Agency (if applicable)		
Name:		
Business Phone:	ext.	Fax:
Contact Person:	Title:	

Part II: Certification of Accuracy (check all that apply)

"I,	
(Name of Applicant)	
of	
(Address)	
(City, State, Zip Code)	
(Company Name)	
(Company Address)	
hereby declare that a <input type="checkbox"/> Supervisory <input type="checkbox"/> Operational <input type="checkbox"/> Private Applicator Certificate, number _____ was issued to me by the Department of Environmental Protection, and that said certificate has <input type="checkbox"/> not been received by me, <input type="checkbox"/> been lost, destroyed or mutilated beyond recognition, and I hereby apply for a duplicate certificate.	
I declare under the penalties of false statement that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.	
I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."	
Signature of Applicant	Date
Name of Applicant	Title (if applicable)

Mail completed application to:

PESTICIDE MANAGEMENT PROGRAM
BUREAU OF WASTE MANAGEMENT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127